

Kathy L. Purvis
Certified Advanced Rolfer
www.austinrolfing.com
512-698-2962

APPLICATION AND CONSENT Rolfing® structural integration

I hereby apply for a standard series of processing in Rolfing (structural integration).

I fully understand the purpose of Rolfing is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body-movement are achieved.

I understand Rolfing is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed.

The Rolfer does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a Rolfer should be misconstrued to be such.

I understand it is necessary for the Rolfer to touch my body in order to assist me in establishing balance and alignment in the body.

I give Kathy L. Purvis C.A.R., my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give Kathy, my Rolfer, full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

Furthermore, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of Rolfing.

* I AGREE TO TAKE RESPONSIBILITY TO KEEP ALL OF MY APPOINTMENTS AND TO BE ON TIME.
I FURTHER AGREE TO PAY IN FULL FOR ANY SESSION NOT CANCELED 24 HOURS IN ADVANCE.

Name: _____ Phone: _____

Address: _____ Date: _____

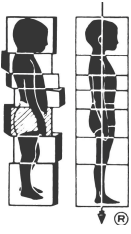
_____ Email: _____

Birth date: _____

How did you hear about me? internet search facebook *referral *other

* _____

Rolfing® is a service mark of The Rolf Institute® of structural integration.



Rolfing® Structural Integration Health Intake Form

Please print clearly.

Note: This form is used as a guideline for further discussion about your general health and well-being.

Name _____ Age _____ Weight _____ Height _____

Do you have or ever had any of the following conditions, illnesses or problems?

____ Heart condition ____ High blood pressure ____ Hemophilia ____ Diabetes

____ Respiratory problems ____ Low blood pressure ____ Convulsions ____ Cancer

____ Circulatory problems ____ Digestive problems ____ Other: _____

Please describe any of the above, including approximate dates of illness and treatment: _____

Are you currently under the care of a medical physician, chiropractor or other therapist? _____

If yes, please describe: _____

If not, please indicate approximate date of last physical: _____

What medication(s) have you taken during the last six months? _____

Please describe, including approximate dates, sites of injuries and treatments:

Past injuries _____

Past accidents _____

Past surgeries _____

Previous bodywork _____

What would you like to gain from Rolfing Structural Integration? _____

Where did you learn about Rolfing SI? _____

Questions prior to beginning: _____

Please feel free to ask questions at any time during the process. Client communication is vital to the work.

Thank you for taking the time to fill out this questionnaire. It will remain confidential. We appreciate your continued participation in your own good health.